Registration Form — Provider Support Staff Alabama Medicaid Agency Town Hall Meetings — 2006

| Participant Type: | Physician | Pharmacist | _ Nurse | |
|--|--|----------------------|---|--|
| | Social Worker | Billing/Coding Staff | Other | |
| | eld from 1-3 p.m. except for t gistration/Reception will beg | _ | | |
| Location/Time: | Anniston – Thursday, May 11 th (Ayers Campus – GSCC) Birmingham – Wednesday, May 17 th (Sheraton BJCC <u>1-3 pm</u>) Birmingham – Thursday, May 18 th (Sheraton BJCC <u>10am-noon</u>) Dothan – Tuesday, May 30 th (Southeast Ala. Med. Ctr.) Gadsden – Wednesday, May 10 th (Gadsden Reg. Med. Center) Huntsville – Tuesday, May 9 th (Dowdle Center) Mobile – Tuesday, May 23 rd (Springhill Baptist <u>1-3 pm</u>) Mobile – Wednesday, May 24 (Springhill Baptist <u>10am-noon</u>) Montgomery, Thursday, June 1 st (Vaughn Pk Church of Christ) Opelika – Wednesday, May 31 st (Sou. Union Com. College) Selma – Thursday, May 25 th (Wallace Community College) Tuscaloosa – Tuesday, May 16 th (University Med. Center) | | | |
| Name | | Title (M | D, RN, etc.) | |
| Mailing Address | | S | uite | |
| | State | | | |
| Phone () | Fax (_ |) | | |
| Email | | | | |
| Are you interested in continuing education credit? | | Nursing (| AMA PRA Category 1 Credit TM Nursing Contact Hours | |
| Fax this form to: | (334) 353-4193 | Pharmacy Other | CEUs | |
| Mail this form to: | to: Alabama Medicaid Agency - Outreach and Education, PO Box 5624, Montgomery, AL 36103-5624 | | | |
| | Questions? Call (334) 35. | 3-5203 for assistar | nce | |